

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032874

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 191

FILED AUG 26 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		c. CITY OR TOWN Hale	
Length of stay in b. 4 days		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hospital		d. STREET ADDRESS (If outside, give location) N/W Part town.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. NAME OF DECEASED (Type or print) JAMES EDWARD WELCH		4. DATE OF DEATH Month August Day 17th Year 1963	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/25/1890
9. AGE (last birthday) 73		IF UNDER 1 YEAR 6 Months 12 Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Insurance Salesman (Life)		10b. KIND OF BUSINESS OR INDUSTRY Tina, Missouri	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Edward Welch		13b. MOTHER'S MAIDEN NAME Mellisa Isabelle McCracken	
14. NAME OF HUSBAND OR WIFE Genevieve Welch		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT Address Mrs Genevieve Welch, Hale, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Circulatory Failure DUE TO (b) Thrombotic Encephalomalacia and Prolonged Recumbency DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6 A.M. Month, Day, Year 8-17-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION. COUNTY STATE		
21. I attended the deceased from 9-16-56 to 8-17-63 and last saw him alive on 8-17-63 Death occurred at 6 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Norman F. Hansen D.O.		22b. ADDRESS Hale, Mo.	
22c. DATE SIGNED 8-19-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8/19/1963		23c. NAME OF CEMETERY OR CREMATORY Coloma Cemetery	
23d. LOCATION (City, town, or county) Tina, Missouri		23e. REGISTRAR'S SIGNATURE Annaliese Taylor	
24. FUNERAL DIRECTOR ADDRESS Clifford W. Austin F-H Hale, Mo.		25. DATE RECD. BY LOCAL REG. Aug 19, 1963	

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Clyford W. Austin
Clyford W. Austin

Licensed Embalmer No. **#3233**

P. O. Address **Tina, Missouri,**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.